Fam 990-T	Exe	mpt Organi							OMB No 1545-0687
- `			proxy tax und				1800	P	2047
	For calendar y	rear 2017 or other tax year be						<u>8</u>	ZU 17
Department of the Treas	sury Do no	► Go to www.irs ot enter SSN numbers o	gov/Form990T for it n this form as it may					-	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box address cha		e of organization (Check box if name of	changed	and see instri	uctions)		Empl	oyer identification number loyees' trust, see ictions)
B Exempt under se	ction Print Ce	nter on Hal	sted					5	1-0178807
X 501(c 0 3_) or Num	ber, street, and room or	suite no If a P O bo	x, see II	structions				ated business activity codes instructions)
408(e)	220(e) Type 36	56 North Ha	lsted] ```	,
408A 529(a)		or town, state or provincticago, IL	e, country, and ZIP o	r foreig	n postal code			531	120
C Book value of all assi at end of year		oup exemption number	(See instructions)						
25,62		eck organization type 🕨				1(c) trust	401(a)	trust	Other trust
H Describe the orga	nization's primary uni	elated business activity	▶ Debt-fi	nan	ced Inc	come			
I During the tax yea	er, was the corporation	n a subsidiary in an affili	ated group or a pare	nt-subsi	diary controlle	d group?	>	Ye	s X No
		number of the parent co	rporation 🕨						
		is Warrick					,	773	
<u> </u>		Business Incon	<u></u>		(A) Inc	ome	(B) Expenses	·	(C) Net
1a Gross receipts				1			,		4 1,
b Less returns a			Balance	1c					, ', ',
-	sold (Schedule A, line	•	Λ	2			-		·
•	ubtract line 2 from lin		\mathcal{A}	3	-		gr gr		
	t income (attach Sche	•	<i>[</i>]	4a					
- , ,		ine 17) (attach Form 47	97)	4b			`**		
·	duction for trusts	4 C	-1-1	4c					
		S corporations (attach	statement)	5			· · · · · · · · · · · · · · · · · · ·	-	
6 Rent income (\$ 7 Unrelated debt	•	hadula E)		7	153	,068.	79,7	23	73,345.
	-financed income (Sci	ts from controlled organ	uzations (Sob. E)	8		, 000.	13,1	23.	/3,343.
		c)(7), (9), or (17) organ	, ,						
	ipt activity income (So		ization (Schedule d)	10					
	ome (Schedule J)	incodic 1)		11					
-	See instructions, atta	ch schedule) Stat	tement 1	12	8	,480.			8,480.
	ie lines 3 through 12		_	13		548.	79,7	23.	81,825.
Part II Dedu	uctions Not Ta	ken Elsewhere (See instructions fo	or limita					
		deductions must be					income)		
14 Compensation	of officers, directors	, and trustees (Schedule	(K) DEC	= 1\ /r	-5			14	
15 Salaries and v	vages		REC!	=IVt	₋ 1			15	
16 Repairs and n	naintenance		က်		019 RS-0SC			16	
17 Bad debts			\$ APR 1	. 6 2	019 [옷]			17	
18 Interest (attac	h schedule)		14					18	
19 Taxes and lice			OGDE	=N				19	5,335.
	•	ctions for limitation rule	4 00DI		<u> </u>			20	
. ,	attach Form 4562)				-	21			
	tion claimed on Sched	fule A and elsewhere on	return		i	22a		22b	
23 Depletion								23	
	to deferred compensa	ation plans						_24	
25 Employee ben	. •							25	
•	t expenses (Schedule	′						26	
	ship costs (Schedule	J)						27	
	ons (attach schedule)	wah 28						28	E 22E
	ons Add lines 14 thro	ougn 28 before net operating los:	daduation Subtran	t line on	from line 10			29	5,335. 76,490.
		d to the amount on line		ı iiile 29	nomme 13			30	
	•	d to the amount on line before specific deductio	•	nm bac	30			31 32	76,490.
		0, but see line 33 instrui			JU			33	1,000.
		Subtract line 33 from	•	•	than line 32 a	nter the sm	aller of zero or 1	33	1,000.
line 32	taxabio illooliit	Subtract mic oo nom		y vaiti	aii iiilo JZ, 5	1116 311	المراقبة الم	94	75,490.
	A For Panerwork R	advetion Ant Nation on						4	Form 990-T (2017)

Part	II Tax Computation		_		
35	Organizations Taxable as Corporations See instructions for tax computation				
	Controlled group members (sections 1561 and 1563) check here See instructions a	ınd			
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order	er):			
	(1) \$ (2) \$ (3) \$	ĺ			
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	ĺ			
	(2) Additional 3% tax (not more than \$100,000) \$				
С	Income tax on the amount on line 34 See Sta	tement 2	2	35c	14,877.
36	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount				
	Tax rate schedule or Schedule D (Form 1041)		•	36	
37	Proxy tax See instructions		•	37	
38	Alternative minimum tax		•	38	
39	Tax on Non-Compliant Facility Income See instructions			39	٠
40	Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies		44	30	14,877.
	Tax and Payments			1 19	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	,		
	Other credits (see instructions)	41b		-, •	
	General business credit Attach Form 3800	41c			
	Credit for prior year minimum tax (attach Form 8801 or 8827)	410			
	Total credits Add lines 41a through 41d	710		41e	
42	Subtract line 41e from line 40			do l	14,877.
43	Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8	BEE Other	(attach ashadida)	43	14,077.
44	Total tay, Add lines 42 and 43	ooo omer	(attach schedule)	8 4	14,877.
	Payments, A 2016 overpayment credited to 2017	- 45a	2,560		14,077.
	aymonts. A 2010 overpaymont decined to 2017	45b	12,500	· 7	
	2017 estimated tax payments		1,000		
	Tax deposited with Form 8868	/ 45c	1,000		
	Foreign organizations Tax paid or withheld at source (see instructions)	45d	-		
	Backup withholding (see instructions)	45e			
	Credit for small employer health insurance premiums (Attach Form 8941)	45f		-	
g	Other credits and payments: Form 2439				
40	Form 4136 Other Total	45g	1.0		16 060
46	Total payments Add lines 45a through 45g		5	46	16,060.
47	Estimated tax penalty (see instructions) Check if Form 2220 is attached		72.		
48	Tax due If line 46 is less than the total of lines 44 and 47, enter amount owed		70	48	1 100
49	Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	102 -	59	49	1,183.
50			funded.555	50	0.
Partiv	<u> </u>	· · · · · ·		•	1 1
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature		•		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization	•			a 7 .
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the	foreign country			
	here				X
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or t	transferor to, a fo	reign trust?		X
	If YES, see instructions for other forms the organization may have to file				-
53	Enter the amount of tax-exempt interest received or accrued during the tax year >\$				
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and st correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer (Chief I	latements, and to the <u>er</u> has any knowledge	best of my know e	ledge and belie	if, it is true,
Here			e [May the IRS di	scuss this return with
HEIE	Moder Vall 2/38/19 Officer	r		the preparer sh	own below (see
	Signature of officer Date Title			instructions)?	X Yes No
		ate	Check	ıf PTIN	
Paid	Report Flori	2/26/2019	self- employe	đ	
Prepa	er Rebekuli Eley				1247672
Use O	nly Firm's name ► RSM US LLP		Firm's EIN	→ 42-	-0714325
	1 S. WACKER DRIVE, STE 800				
	Firm's address ► CHICAGO, IL 60606		Phone no		34-3400
				F	orm 990-T (2017)

Schedule A - Cost of Good	s Sold. Enter	method of invent	ory valuation N/A	<u> </u>	<u></u>	
1 Inventory at beginning of year	1		6 Inventory at end of ye			6
2 Purchases	2		7 Cost of goods sold S	Subtract	line 6	7, 8%
3 Cost of labor	3		from line 5. Enter here	e and in	Part I,	x 4
4a Additional section 263A costs			line 2			7
(attach schedule)	4a		8 Do the rules of section	n 263A (with respect to	Yes No
b Other costs (attach schedule)	4b	•	property produced or	acquired	for resale) apply to	
5 Total. Add lines 1 through 4b	5		the organization?	·	, ,, ,	
Schedule C - Rent Income (see instructions)	(From Real	Property and	Personal Property I	Lease	d With Real Prope	erty)
1 Description of property						
(1)						
(2)						
(3)						
(4)			-		·	······································
	2 Rent receiv	ed or accrued			, ,,	
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	centage of than	of rent for pe	id personal property (if the percenta arsonal property exceeds 50% or if is based on profit or income)	age	3(a) Deductions directly of columns 2(a) and	connected with the income in d 2(b) (attach schedule)
(1)						
(2)						
(3)						
(4)					·	
Total	0.	Total		0.		······································
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	. , . , ,	ter		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	.
Schedule E - Unrelated Deb	t-Financed	Income (see i	nstructions)			
			2 Gross income from		3 Deductions directly conne to debt-finance	
1 Description of debt-fin	anced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) Center on Halste	a c Whol	o Fooda		 		Statement 3
(2) Building	a & WIIOI	e roous	355,723.	 		185,273.
(3)			333,123.			103,273.
(4)					<u> </u>	
4 Amount of average acquisition	E Average	adveted bear	C 0-1	 	7.0	
debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis illocable to nced property n schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
Statement 4	State	ment 5		-		
(1)	A -	000 550	42 02	-	1.52.000	70 702
(2) 1,730,907.	4	,022,559.	43.03%	ļ	153,068.	79,723.
(3)			%	 		
(4)			%	-		
				1	nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			•		153,068.	79,723.
Total dividends-received deductions in	cluded in column	18			_	Ι Λ

			Exempt	Controlled O	rganizati	ons	,			
1 Name of controlled organiza	ition	2 Employer identification number				otal of specified iments made 5 Part of column 4 included in the contorganization's gross		trolling connected with incomi		
(1)		··· -						-		
(2)										
(3)										
(4)										•
Nonexempt Controlled Organ	ızatıons				ı					
7 Taxable Income		ated income (loss)	9 Total	of specified payn made	nents	10 Part of column the controllingross				ductions directly connected income in column 10
(1)	-									•
(2)										
(3)	+	-	+							
			 	-	-					
(4)						Add colum Enter here and line 8, c		1, Part I,		d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
otals								0.		0
Schedule G - Investme	nt Income	of a Section	on 501(c)(7	7), (9), or (17) Org	anization				
 `	cription of income			2. Amount of	income	3 Deduction directly connect		4 Set-	asides	5 Total deductions and set-asides
<u> </u>				2. /		(attach sched		(attach s	chedule)	(col 3 plus col 4)
(1)									_	
(2)										
(3)										
(4)										
				Enter here and o Part I, line 9, col						Enter here and on page Part I, line 9, column (B)
otals			>		0.					0
Schedule I - Exploited (see instru	-	ctivity Incor	me, Other	Than Adv	ertisin	g Income				
1 Description of exploited activity	2 Gross unrelated bus income fro trade or busin	iness with	Expenses tty connected i production unrelated ness income	4 Net incom from unrelated business (co minus column gain, compute through	trade or lumn 2 n 3) If a o cols 5	5 Gross inco from activity the is not unrelate business income	nat ed	6 Exp altribut colui	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)					· · · · · · · · · · · · · · · · · · ·					
(2)									_	
(3)	_									
(4)	Enter here an page 1, Par line 10, col	tl, pag	here and on ge 1, Part I, 10, col (B)							Enter here and on page 1, Part II, line 26
otals >		0.	0.							0
Schedule J - Advertisi										
Part I Income From	Periodicals	Reported	on a Con	solidated	Basis					
1 Name of periodical	adv	Gross vertising ncome	3 Direct advertising costs	4 Adverti or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute	5 Circulati	on	6 Read		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)				7						
				-				··-		
4)	ı					1	- 1		I	
4)						 				

Form 990-T (2017) Center on Halsted 51-01788 [Part III] Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical		2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							·
(2)							
(3)							
(4)							
Totals from Part I	•	0.	0.	3.0	E .		0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2017)

Form 4626 Department of the Treasury

Alternative Minimum Tax - Corporations

► Attach to the corporation's tax return

► Go to www irs gov/Form4626 for instructions and the latest information

OMB No 1545-0123

Name				Employer identification number
	Center on Halsted			51-0178807
	Note: See the instructions to find out if the corporation is a small corporation exempt			
	from the alternative minimum tax (AMT) under section 55(e)			
1	Taxable income or (loss) before net operating loss deduction		1_	75,490.
2	Adjustments and preferences			
а	Depreciation of post-1986 property		2a	
b	Amortization of certified pollution control facilities		2b	
C	Amortization of mining exploration and development costs		2c	
d	Amortization of circulation expenditures (personal holding companies only)		2đ	
е	Adjusted gain or loss		2e	
f	Long-term contracts		2f	
g	Merchant marine capital construction funds		2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)		2h	
- 1	Tax shelter farm activities (personal service corporations only)		2i	
j	Passive activities (closely held corporations and personal service corporations only)		2j	
k	Loss limitations		2k	
- 1	Depletion		21	
m	Tax-exempt interest income from specified private activity bonds		2m	
п	Intangible drilling costs		_2n	
0	Other adjustments and preferences		20	
3	Pre-adjustment alternative minimum taxable income (AMTI) Combine lines 1 through 20		3	75,490.
4	Adjusted current earnings (ACE) adjustment			
а	ACE from line 10 of the ACE worksheet in the instructions	4a 75,490.		
b	Subtract line 3 from line 4a If line 3 exceeds line 4a, enter the difference as a	[]		
	negative amount. See instructions	4b 0.]	
C	Multiply line 4b by 75% (0.75) Enter the result as a positive amount	4c]	
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior			
	year ACE adjustments over its total reductions in AMTI from prior year ACE			
	adjustments See instructions Note. You must enter an amount on line 4d			
	(even if line 4b is positive)	4d	<u> </u>	
е	ACE adjustment			
	 If line 4b is zero or more, enter the amount from line 4c)		
	• If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	}	4e	0.
5	Combine lines 3 and 4e If zero or less, stop here; the corporation does not owe any AMT		_ 5	75,490.
6	Alternative tax net operating loss deduction. See instructions		6	
7	Alternative minimum taxable income Subtract line 6 from line 5. If the corporation held a	residual		
	interest in a REMIC, see instructions		7	<u>75,490.</u>
8	Exemption phase-out (If line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on li	ine 8c)		
а	Subtract \$150,000 from line 7 If completing this line for a member of a controlled			
	group, see instructions. If zero or less, enter -0-	8a 0.		
b	Multiply line 8a by 25% (0 25)	8b 0.		
C	Exemption Subtract line 8b from \$40,000 If completing this line for a member of a controll	led		
	group, see instructions. If zero or less, enter -0-		8c	40,000.
9	Subtract line 8c from line 7 If zero or less, enter -0-		9	35,490.
	Multiply line 9 by 20% (0 20)		10	7,098.
	Alternative minimum tax foreign tax credit (AMTFTC) See instructions		11	
2	Tentative minimum tax Subtract line 11 from line 10 Stmt 6	Blended Rate	12	3,578.
	Regular tax liability before applying all credits except the foreign tax credit		13	14,877.
	Alternative minimum tax Subtract line 13 from line 12 If zero or less, enter -0- Enter here			-
	Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	<u> </u>	14	0.
WA	For Paperwork Reduction Act Notice, see separate instructions			Form 4626 (2017)

Adjusted Current Earnings (ACE) Worksheet ► See ACE Worksheet Instructions 75,490. Pre-adjustment AMTI Enter the amount from line 3 of Form 4626 ACE depreciation adjustment a AMT depreciation 2a **b** ACE depreciation (1) Post-1993 property 2b(1) (2) Post-1989, pre-1994 property 2b(2) (3) Pre-1990 MACRS property 2b(3) (4) Pre-1990 original ACRS property 2b(4) (5) Property described in sections 168(f)(1) through (4) 2b(5) (6) Other property 2b(6) 2b(7) (7) Total ACE depreciation Add lines 2b(1) through 2b(6) c ACE depreciation adjustment Subtract line 2b(7) from line 2a 2c 3 Inclusion in ACE of items included in earnings and profits (E&P) a Tax-exempt interest income 3а **b** Death benefits from life insurance contracts 3b c All other distributions from life insurance contracts (including surrenders) 3с d Inside buildup of undistributed income in life insurance contracts 3d e Other items (see Regulations sections 1 56(g)-1(c)(6)(iii) through (ix) for a partial list) 3e f Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e 3f Disallowance of items not deductible from E&P: a Certain dividends received **b** Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P L 113-295, Div A, section 221(a)(41)(A), Dec 19, 2014, 128 Stat 4043) 4b c Dividends paid to an ESOP that are deductible under section 404(k) 4c d Nonpatronage dividends that are paid and deductible under section 1382(c) e Other items (see Regulations sections 1 56(g)-1(d)(3)(i) and (ii) for a partial list) f Total increase to ACE because of disallowance of items not deductible from E&P Add lines 4a through 4e 4f Other adjustments based on rules for figuring E&P: a Intangible drilling costs 5a **b** Circulation expenditures 5b c Organizational expenditures 5c d LIFO inventory adjustments 5đ e Installment sales 5e f Total other E&P adjustments Combine lines 5a through 5e 5f



75,490.

6

7

8

9

Depletion

Form 4626

Disallowance of loss on exchange of debt pools

Acquisition expenses of life insurance companies for qualified foreign contracts

Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property

Adjusted current earnings Combine lines 1, 2c, 3f, 4f, and 5f through 9 Enter the result here and on line 4a of

Form 990-T	Other Income	Statement 1
Description		Amount
Disallowed Fringe Benefits		8,480.
Total to Form 990-T, Page 1, li	ne 12	8,480.

Form	990-T Line 35c Tax Computa	tion		Statement	2
1.	Taxable Income		75,490		
2.	Lesser of Line 1 or First Bracket Amoun	t	50,000		
3.	Line 1 Less Line 2		25,490		
4.	Lesser of Line 3 or Second Bracket Amou	nt	25,000		
5.	Line 3 Less Line 4		490		
6.	Income Subject to 34% Tax Rate		490		
7.	Income Subject to 35% Tax Rate		0		
8.	15 Percent of Line 2		7,500		
9.	25 Percent of Line 4		6,250		
10.	34 Percent of Line 6		167		
11.	35 Percent of Line 7		0		
12.	Additional 5% Surtax		0		
13.	Additional 3% Surtax		0		
14.	Total Income Tax			13,	917
			=		
15.	Tax at 21% Rate effective after 12/31/20)17	15,853		
		Days			
16. 17.	Tax Prorated for Number of Days in 2017 Tax Prorated for Number of Days in 2018	184 181	7,016 7,861		
18.	Total Tax Prorated	365		14,	877

Form 990-T Schedule E - Othe	r Deductions		Statement 3
Description	Activity Number	Amount	Total
Interest Expense - SubTotal	- 1	185,273.	185,273.
Total of Form 990-T, Schedule E, Column	3(b)		185,273.

Form 990-T	Average Acquisition Allocable to Debt-Find		ty	Statement 4
Description		Activity \ Number	Amount	Total
Average Debt	- SubTotal -	1	1,730,907.	1,730,907.
Total of Form 9	90-T, Schedule E, Column	4		1,730,907.

TMT in effect after 12/31/2017 . . .

TMT prorated

TMT prorated for number of days in 2017 . . 184 TMT prorated for number of days in 2018 . . 181

Form 990-T	Average Adjusted Allocable to Debt-Fi			Statement 5
Description		Activity Number	Amount	Total
Average Basis	- SubTotal -	- 1	4,022,559.	4,022,559
Total of Form 990	-T, Schedule E, Column	5		4,022,559
	Tentative Minimum	тах (тмт)	Proration	Statement 6
	Teneder to minimum	101 (1111)		
Tentative mimimum	tax for the entire yea	ır	7,098.	
TMT in effect bef	ore 01/01/2018		7,098.	

Days

365

3,578.

0.

3,578.